

New Residents

WHEELCHAIR EVALUATION

Resident's Name: Enrickay Clarke Location: Widows Aisle

Approx. age: 18

Male / Female

Current Chair: Hospital

Self Propel? Yes / No

Foot / Hands

Reusable for another resident?

YES / NO / SIZE

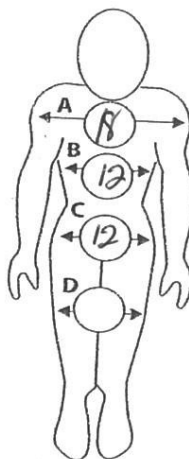
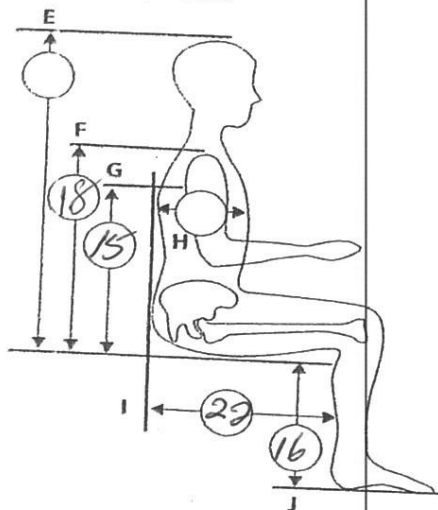
Pelvic Obliquity? Yes / No Low Side: RT / LEFT

- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Ampit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)



Client Measurements

(write measurements inside of circle)



** PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED **

Currently using hospital chair.

Type of chair need: Circle one

☒ Basic / Folding / Rigid / Tilt in space / Stroller

Other: _____

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other _____

Laterals? YES / NO

Size: _____